

# STATE OF ALABAMA

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

THIS FORM MAY BE USED TO:

- **CHANGE THE CORPORATE TITLE (A CERTIFIED COPY OF THE AMENDMENT CHANGING THE CORPORATE NAME MUST ACCOMPANY THE APPLICATION). THE FEE IS \$25.**
- **CHANGE THE CORPORATE NAME AS A RESULT OF A MERGER (A CERTIFIED COPY OF THE MERGER CHANGING THE CORPORATE NAME MUST ACCOMPANY THE APPLICATION). THE FEE IS \$25.**
- **CHANGE THE PERIOD OF DURATION (A CERTIFIED COPY OF THE AMENDMENT CHANGING THE DURATION OF THE CORPORATION MUST ACCOMPANY THE APPLICATION). THE FEE IS \$25.**
- **CHANGE THE STATE OR JURISDICTION (A CERTIFIED COPY OF THE AMENDMENT CHANGING THE STATE OR JURISDICTION OF THE CORPORATION MUST ACCOMPANY THE APPLICATION). THE FEE IS \$25.**

TO THE **SECRETARY OF STATE** OF THE **STATE OF ALABAMA**,

**PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION HEREBY APPLIES FOR AN AMENDED CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN ALABAMA AND, FOR THAT PURPOSE, SUBMITS THE FOLLOWING STATEMENTS.**

1. The exact name of the corporation as it appears on the Certificate of Authority issued by Alabama Secretary of State:\_\_\_\_\_
2. The date the Certificate of Authority was issued \_\_\_\_\_.
3. The name the corporation has been legally changed to (insert "no change" if not applicable):  
\_\_\_\_\_
4. If your corporate title does not include "Corporation," "Corp," "Incorporated" or "Inc.," one of these must be added for use in Alabama:  
\_\_\_\_\_
5. The corporation desires to change its period of duration set forth in its previous Application for Certificate of Authority as follows (insert "no change" if not applicable):  
\_\_\_\_\_
6. The corporation desires to change the state or jurisdiction of its incorporation set forth in its previous Application for Certificate of Authority as follows (insert "no change" if not applicable):  
\_\_\_\_\_
7. Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Corporate Officer's Name and Title

\_\_\_\_\_  
Signature of Officer

MAIL DUPLICATE ORIGINALS OF THIS APPLICATION WITH THE APPROPRIATE FILING FEE TO:  
**SECRETARY OF STATE, CORPORATIONS DIVISION, POST OFFICE BOX 5616, MONTGOMERY, ALABAMA 36103-5616**  
**(334)242-5324**